House of Representatives

General Assembly

File No. 101

February Session, 2012

Substitute House Bill No. 5329

House of Representatives, March 26, 2012

The Committee on General Law reported through REP. TABORSAK of the 109th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING THE USE OF TELEPHARMACY BY HOSPITALS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section 50 of public act 11-242 is repealed and the following is substituted in lieu thereof (*Effective July 1, 2012*):

(a) As used in this section:

(1) "Electronic technology" or "telepharmacy" means the process: (A) By which each step involved in the **[**preparation of IV admixtures**]** dispensing of a sterile product is verified through use of a bar code tracking system and documented by means of digital photographs which are electronically recorded and preserved; and (B) which is monitored and verified through video and audio communication between a licensed supervising **[**clinical**]** pharmacist and a pharmacy technician;

(2) **[**"IV admixture" means an IV fluid to which one or more

additional drug products have been added] "Sterile product" means any drug, as that term is defined in section 20-571 of the general statutes, that is compounded, manipulated or otherwise prepared under sterile conditions during the dispensing process, is not intended for self-administration by a patient and is intended to be used in a hospital, or its satellite, remote or affiliated office-based locations;

(3) "Pharmacist" means an individual who is licensed to practice pharmacy under the provisions of section 20-590, 20-591, 20-592 or 20-593 of the general statutes, and who is thereby recognized as a health care provider by the state of Connecticut; and

(4) "Pharmacy technician" means an individual who is registered with the department and qualified in accordance with section 20-598a of the general statutes.

(b) [The Commissioner of Consumer Protection, in consultation with the Commissioner of Public Health, may establish a pilot program to permit a] A hospital, licensed in accordance with the provisions of chapter 368v of the general statutes, which operates a hospital pharmacy, [to] may use electronic technology or telepharmacy at the hospital and at the hospital's satellite or remote locations for purposes of allowing a [clinical] pharmacist to supervise pharmacy technicians in the [preparation of IV admixtures] dispensing of sterile products. [Under the pilot program, notwithstanding] Notwithstanding the provisions of chapter 400j of the general statutes or regulations adopted pursuant to said chapter, a [clinical] pharmacist shall be permitted to supervise a pharmacy technician through use of electronic technology, [. A supervising clinical] and under such supervision the pharmacist shall monitor and verify the activities of a pharmacy technician through audio and video communication. The pharmacist-to-technician ratio pursuant to section 20-576-33 of the regulations of Connecticut state agencies shall apply. In the event of a malfunction of the electronic technology, no [IV admixtures] sterile product prepared by a pharmacy technician during the time period of the malfunction may be distributed to patients, unless [an

appropriately licensed individual] a licensed pharmacist is able to: (1) Personally review and verify the accuracy of all processes utilized in the [preparation of the IV admixture] dispensing of the sterile product; or (2) upon the restoration of the electronic technology, utilize the mechanisms of the electronic technology which recorded the actions of the pharmacy technician to confirm that all proper steps were followed in the [preparation of the IV admixture] dispensing of the sterile product. [Under the pilot program, all] All orders for [medication] sterile products to be dispensed using telepharmacy shall be verified by a pharmacist prior to being delegated to a pharmacy technician for [preparation of an IV admixture] such dispensing. A hospital [participating in the pilot program] shall ensure that appropriately licensed personnel administer medications [at the hospital's satellite or remote locations] dispensed using telepharmacy. All of the processes involved in [the operation of the pilot program] a hospital's use of telepharmacy shall be under the purview of the hospital's director of pharmacy.

(c) A hospital [selected to participate in the pilot program] using telepharmacy shall undertake periodic quality assurance evaluations, not less than once per calendar quarter, which shall [minimally] include, upon discovery, prompt review of any error in medication administration which occurs [under the pilot program] where telepharmacy is used to dispense such medication. A hospital shall make such quality assurance evaluations available for review and inspection by the Departments of Consumer Protection and Public Health.

[(d) A pilot program established pursuant to this section may commence operation on or after July 1, 2011, and shall terminate not later than December 31, 2012, provided the Commissioner of Consumer Protection may terminate the pilot program prior to December 31, 2012, for good cause shown.]

This act shall take effect as follows and shall amend the following sections:

Section 1	*July 1, 2012*	PA 11-242, Sec. 50

GL *Joint Favorable Subst.*

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

There is no fiscal impact to the Department of Consumer Protection (DCP) making the telepharmacy program permanent as the DCP had succesfully piloted the program and already has the resources in place.

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State Impact: None

Municipal Impact: None

OLR Bill Analysis

sHB 5329

AN ACT CONCERNING THE USE OF TELEPHARMACY BY HOSPITALS.

SUMMARY:

This bill makes permanent the telepharmacy pilot program and expands it to (1) all licensed hospital pharmacies and (2) dispense sterile products, not just IV admixture preparations as under the pilot program. It allows pharmacists at hospital pharmacies to use electronic technology at the hospital, its satellite, or remote locations to allow a clinical pharmacist to supervise pharmacy technicians in dispensing sterile products.

Under the bill, the pilot program ends on July 1, 2012.

EFFECTIVE DATE: July 1, 2012

TELEPHARMACY

The bill expands the application of electronic technology or telepharmacy to dispensing sterile products. The pilot program limits the use of this technology to preparing IV admixtures, which also involves sterile products.

Under the pilot porgarm and the bill, "electronic technology" or "telepharmacy" means the process (1) by which each step involved in the dispensing of sterile products is verified by a bar code tracking system and documented by digital photographs that are electronically recorded and preserved and (2) which is monitored and verified through video and audio communication between a licensed supervising clinical pharmacist and a pharmacy technician.

STERILE PRODUCTS

Sterile products are any drug that is compounded, manipulated, or otherwise prepared under sterile conditions during the dispensing process. It is not intended for self-administration by a patient and is intended to be used in a hospital, its satellite, remote, or affiliated office-based location. Under the pilot program, technicians could only dispense IV admixtures, which is an IV fluid to which one or more additional drug products have been added.

PROGRAM REQUIREMENTS

Under the bill, a pharmacist is authorized to supervise a pharmacy technician dispensing sterile products through electronic technology and monitor and verify the technician's activities through audio and video communication. The number of technicians the pharmacist can supervise must conform to the existing regulatory pharmacy-to-technician ratio. For inpatient and satellite pharmacies, that ratio is 3:1, which can be increased to 5:1 on the pharmacy director's petition and Pharmacy Commission approval.

The bill applies the current procedures for electronic technology malfunctions involving IV admixtures to those involving any sterile product. If the electronic technology malfunctions, no sterile product prepared by the pharmacy technician during the malfunction period can be distributed to patients unless a licensed pharmacist can (1) personally review and verify all of the processes used in preparing the sterile product or (2) after the technology is restored, use the electronic technology mechanisms that recorded the pharmacy technician's actions to confirm that all proper steps were followed in preparing the sterile product. All orders for medication must be verified by a pharmacist before being delegated to a pharmacy technician for sterile product preparation.

As with the pilot program, the bill requires a hospital to ensure that appropriately licensed health care personnel administer medications at the hospital's satellite or remote locations. The bill specifies that all processes involved in operating the program are under the purview of the hospital's pharmacy director.

EVALUATIONS

The bill extends the current requirement for periodic quality assurance to telepharmacies used to dispense sterile products. It specifically requires hospitals to make periodic quality assurance evaluations, at least once per calendar quarter, which includes, upon discovery, prompt review of any error in medication administration. The hospital must make these evaluations available to the departments of Consumer Protection and Public Health for their review.

COMMITTEE ACTION

General Law Committee

Joint Favorable Substitute
Yea 17 Nay 0 (03/13/2012)